

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 7/25/2016 10:41 AM EST

Confirmation Number: 1581

Amended Confirmation Number:

Employer Information

Name: Southern California Golf Association
Address: 3740 Cahuenga Blvd.
City: Studio City State: CA Zip Code: 91604

Plan Administrator Information

Name: Karen Kibbee
Address: 3740 Cahuenga Blvd.
City: Studio City State: CA Zip Code: 91604
Phone: 8189803630
Email: kkibbee@scga.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

| | | | |
|------|------------|---|---------------------------|
| ID:1 | Plan Name: | Southern California Golf Association 457(b) Deferred Compensation Plan | Number of Employees: 1 |
|------|------------|---|---------------------------|

Additional Information:

Effective Date 07/01/2016 Total Eligible Employees 1 Total Participating Employees

1



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 1581. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.